N. B.-WRITE PLA

STATE OF MARYLAND	-CERTIFICATE OF DEATH 00432
1. PLACE OF DEATH	(826)
County Clarles.	Registration Dist. No. 106
Village or City Indian Head.	No. St., (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Marshall, Tilden	- Bailey
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	Sanyary h 193
5a, If married, widowed, or divorced	(Month) (Day) (Ye
HUSBAND of (or) WIFE of	22. I DEMERY CENTIFY, Thet I ettended decease
6. DATE OF BIRTH (month, day, and year) Felt, 29, 1846	I last saw h savalive on Jan 2 1986: death
7. AGE Years Months Days If LESS than	0 53
59 10 4 1 day,h	The state of the s
1 01	were as follows:
Trede, profession, or particular Returned Spinner, Kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Charles Karl
9. Industry or business in which	i Ciscinal Epopling
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased lest worked et this occupation (month end spent in this	·
this occupation (month end spent in this occupation	
12. BIRTHPLACE (city or town) Neabaco	Other Contributory Causes of importance:
(State or country) Vivania.	
13. NAME Lames, P. Bailer fr	
13. NAME Comes R. Bailey fr. 14. BIRTHILACE (city or town) Levelley Co.	Nome of constitut
4. BIRTH/LACE (city or town)	Name of operation
15. MAIDEN NAME Margaret Day Gallake	What test confirmed diagnosis?
E The same of the	28. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Aumy (Stete or country)	Accident, suicide, or homicide?
Q1. 1 H. A. L. Bail.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CHARLE TRACES VALLY (Address) Indicase Diad Mill	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Neabsco, V-a Date Jan 4 193	Manner of injury
41	Nature of injury
19. UNDERTAKER Theut & Teljow,	24. Was disease or injury in eny way related to occupation of deceased?/
(Address) Walderff Md.	If so, specify
20. FILED Jan 2, 1936 F. E. Dunnington	(Signed) Lungh O, Ochmull
Peristrar	(Address) // narvives . M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND-	CERTIFICATE OF	F DEATH AMARR
1. PLACE OF DEATH		29	1-1
County Charles			Registration Dist. No. 202
. Village or City		NoNo	St.,Ward
Length of residence in city or town where death			give its NAME instead of street and number)
2. FULL NAME Joseph	Les all	ABonne.	713000000000000000000000000000000000000
	- Colory	Oh Wood	
(a) Residence: Ng.	(Usual place of about)	St.,Ward.	If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERT	TIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	onth) (av) (193 6
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	_ 0		ERTIFY, That I attended deceased from
C DATE OF DIDTH (TOTAL)	w 121913	11 de com h	36, to form 7, 1936
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month	Days 1f LESS than	to have occurred on the date stated abo	ove. et
22 6/	26 I day,hrs.	The PRINCIPAL CAUSE OF DEATH en	d related causes of importance
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	+ leone.	were as follows: Tutercul	Date of ones
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at			
SAW MILL, BANK, etc.	1		
O 10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
01	2 0	Other Contributory Causes of importance	e:
12. BIRTHPLACE (city or town) (State or country)	and.		
13. NAME James . W.	Brown		
13. NAME AME W. 14. BIRTHPLACE (city or town). Olica	sle Ca,	Name of operation	Date of
(State or country)	md.	What test confirmed diagnosis?	Was there an autopsy?
15. MAIDEN NAME CLUCE VI	Bouncas.	23. If death was due to external causes (
15. MAIDEN NAME CLICS (1) 16. BIRTHPLACE (city or town). Olicen	lea Oo,	Accident, suicide, or homicide?	Date of injury, 19
(State or country)	ma-	Where did injury occur?	16
17. INFORMANT	m	Specify whether injury occurred in IND	Specify city or town, county and State) USTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	ang.		
Allendah Wid	ate 10010 1936	Manner of injury	
19. UNDERTAKER Starley (Address)	Dinny	24. Was disease or injury in eny way re	lated to occupation of deceased?
20. FILED Jane & 19 Je mar	sp Surtherlung wend Registrar.	(Signed) Carge (Address)	Biofrace M.
If more blank		2411 N. Charles Street, Baltimore, Requests	ng U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	الـــــا		

B.—WRITE PLAINLY,

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STATE OF MARYLAND-CERTIFICATE OF DEATH

00434

1. PLACE OF DEATH	harles	Registration Dist. No. 105
Village or City	Val ClyTy r town where death occurred	NoSt.,St.,St.,St.,St.,St.,St.,St. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME	Eliam Ja	Son (Marcheus) Butler
(a) Residence: No.	(Usual place of abod	St., Ward. If nonresident give city or town and State
PERSONAL AND	STATISTICAL PARTICUL	MEDICAL CERTIFICATE OF DEATH
Mule Color C	R RACE 5. SINGLE, MARRIED, VOR DIVORCED (write	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		1 HEREBY CERTIFY. That I attended decease 15 1936 to Acces 3 19
6. DATE OF BIRTH (month, day, ar		5 I last saw hem alive on gull 5-, 136; death
7. AGE Years	76 28 1 da or	SS than to have occurred on the date stated above, at **
8. Trade, profession, or partic kind of work done, as SAWYER, BOOKKEEPER	ular SPINNER, , etc	Brouch Pneumonia
9. Industry or business in wi	ich MILL,	
10. Date deceased last worked this occupation (month year)	and spentin th	
12. BIRTHPLACE (city or town) (State on country)	Mil	Other Contributory Causes of importance:
13. NAMEDINA MA	Eliane Mari	eus
14. BIRTHPLACE (city or town) (State or country)	mi	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAMBLELLE	ice Jane Bu	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	mi	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Address)	alder	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REM	DVAL Date Bally	Manner of injury Nature of injury
19. UNDERTAKER Hewith (Address)	+ & Ryon	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. 7-46 / 193	6 m. P. fmon	(Signed) (O. Mores) egistrar. (Address) Nachus f

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage - 58 8 1936 4	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			L

ADDITIONAL	SPACE FOR FU	RTHER STATEME	ENTS BY PHYSICIAN	
the - Mon	me, 2-17	-36		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00435
1. PLACE OF DEATH	105-
County	Registration Dist. No.
Village or City W Bld 134	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredwo.	
2. FULL NAME Paymond That	lous Chabman
THE WAITE OF THE PARTY OF THE P	Oh Wand
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male Colored OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Flor 1/ 1035	two Philosopping 19
6. DATE OF BIRTH (month, day, and year) 7 4 7 - 1933	l last saw h alive on
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Ormin.	were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	1. 16.00
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10-Date deceased last worked at lil. Total time (years)	puppine
work was dona, as SILK MILL, SAW MILL, BANK, etc	On Till 1 100 BT
10. Date deceased last worked at this occupation (month and spent in this	- russus cepicon
year) occupation (month and spent in this	
12. BIRTHPLACE (city or town) Mashewater Do	Other Contributory Causes of importance:
(State or country) Gallinger Deslite	
I 13. NAME (chard Clahmen	
14. BIRTHPLACE (city or town) - Thd	Name of operation Date of
(State or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Marie agnes Chase	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
O 16. BIRTHPLACE (city or town). (Stata or country)	Where did injury occur?
Am a Chase	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) The dark T	Openia mienie mjery occurred in INDOSTRT, in Nome, of the Public Place.
18. BURIAL, CREMATION, OF DEMOVAL	Manner of Injury
Place It Peters Dajotace 21,186	Nature of injury
W. Ta C.	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER & LUMI & LUMI (Address)	If so, specify
1-21 21 m Nm	(Signed) A. L. Mones & RM
20. FILED 1936 Registrar.	(Address) Waldel mid
	2411 N. Charles Street, Baltimore, Requesting U. S. 10. 1.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage FLD 6.	July 5,1927	Peritonitis	3 days ago
HEMEN			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	or-	ate	A-	
M	of inf	ld st	CCUF	
	tem	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
S	ery i	NS	ent	
	D. Ev	SICL	tatem	
	CON	PHY	act si	
	r RE	Υ.	Ex	
NG	NEN	TI	fied.	
ARGIN RESERVED FOR BINDING	RMA	X Y (classi	
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ED	HIS	l be	y be	y of
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	MAY.	be ca	ATH	mpor
	PLAI	plnc	F DE	ery in
	TE	n she	SE O	is v
1	-WR	natio	CAU	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-			
>	Z			

County . Charles		MARYLAND-	CERTIFICATE OF DEATH	1436
Village or City Manual Length of residence in city or town where death occurred	1. PLACE OF DEATH		<u> </u>	1017
Length of residence in city or town where death occurred	County charles		Registration Dist. No. 10	/
Length of residence in city or town where death Secured	Village or City Marbur	4		Ward
2. FULL NAME (a) Residence: No. (Usualphace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SIX 4. COLOR OF RACE OR DIVORGE (or wire the wayd) Sa. If married, widowed, or divorced (or) wife of (or) wife o	Length of residence in city or town where death			
(a) Residence: No. (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 1. COLOR OR RACE S. SINGLE MARRIED, WIDOWED, OR DIVORED (write the myd) Sa. If married, widowed, or divorced HUSAND (Nonth) (Day) 1. DATE OF DEATH (Month) (Day) 1. HEREBY CERTIFY, That I attended deceased from the state of the state	01	0		
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE MINISTRANO of OR DIVORCED (write the wayd) 5. If married, widowed, or divorced HUSAND of OR DIVORCED (write the wayd) 5. If married, widowed, or divorced HUSAND of OR DIVORCED (write the wayd) 5. If married, widowed, or divorced HUSAND of OR DIVORCED (write the wayd) 5. If married, widowed, or divorced HUSAND of OR DIVORCED (write the wayd) 5. If married, widowed, or divorced HUSAND of OR DIVORCED (write the wayd) 5. If married, widowed, or divorced HUSAND of OR DIVORCED (write the wayd) 5. If married, widowed, or divorced HUSAND or OR DIVORCED (write the wayd) 5. If married, widowed, or divorced HUSAND or OR DIVORCED (write the wayd) 7. AGE Years Months Oays If LESS than 1 day. If LESS than 1 day. If the PRINCIPAL CAUSS OF DEATH and related causes of importance were as 108/ms: SAVYER, BOOKKEPER, etc. 9. Indicator or Durante and which work was done, as SILK MILL, SAVYER, BOOKKEPER, etc. 9. Indicator or Durante and which work was done, as SILK with. SAVYER, BOOKKEPER, etc. 9. Indicator or Durante and which work was done, as SILK with. SAVYER, BOOKKEPER, etc. 9. Indicator or Durante and which work was done, as SILK with. SAVYER, BOOKKEPER, etc. 9. Indicator or Durante and which work was done, as SILK with. SAVYER, BOOKKEPER, etc. 9. Indicator or Durante White SILK was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 10. BIRTHPLACE (city or town). What test confirmed disgnosis? Was there an autopsyl. Where did Injury occurred in INGUSTAY, in HOME, or in PUBLIC PLACE. (State or country) Where did Injury occurred in INGUSTAY, in HOME, or in PUBLIC PLACE. 19. UNDERTAKER PLACEMAND NO, REMOVAL PLACEMAND NO, REMOVAL 19. Where of injury Nenere of injury		digoth		
3. SEX Miller Name 1. Birthplace (city or town) 1. Birthplace (city or town) (State or country) 2. Was there an autopay? 2. Was there an autopay? 2. Was there an autopay? 2. Specify whether injury occurred in IMOUSTRY, in HOME, or in PUBLIC PLACE Menner of injury Menner of injury (Specify city or town, country and State) Nemoer of injury (Specify city or town, country and State) Nemoer of injury (Specify city or town, country and State) Nemoer of injury (Specify city or town, country and State) Nemoer of injury (Specify city or town, country and State) Nemoer of injury (Specify city or town, country and State) (Specify whether injury occurred in IMOUSTRY, in HOME, or in PUBLIC PLACE (Address) (Manner of injury ((Usual place of abode)		State
The profession of the particular sind of work done, as SPINNER, SAVER BOOKEER, etc. 10. Date Good to the was done as SPINNER, SAVER BOOKEER, etc. 10. Date Good to the was done, as SPINNER, SAVER BOOKEER, etc. 10. Date Good to the date stated above, at. 11. Total time (years) 12. BIRTHPLACE (city or town) (State or country) 13. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIGEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BIRTHPLACE (city or town) (Address) 18. BURLAGE (Address) 19. Good to be deceased of two country or business in which was done as SPINNER. Specify whether injury courred in profitance: 18. BURLAGE (City or town) (State or country) 19. Marked to country) 19. Marked to country 19. Marked to country	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
5.9. If married, widowed, or divorced HUSBANO of Corp. WIFE of (or) WI		R DIVORCED (write the word)	Van 4	193 6
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Johnthy Oays If LESS than I day, hrs. or. min. 8. Trade, profession, or particular ind of work done as SPINNER, SAWYER, BOOKREFER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKREFER, etc. 10. Date deceased last worked at the spent in this occupation month and year) Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town). Claudia L.	HUSBANO of	7	22. I HEREBY CERTIFY, That I attended of	
7. AGE Years Wonths Oays If LESS than 1 day, hrs. or. min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as followers were as followers SAWYER, BOOKKEPPER, etc. 9. Indicatory or business in which work was done; as SILK MILL, SAWYER, BOOKKEPPER, etc. 9. Indicatory or business in which work was done; as SILK MILL, SAWYER, BOOKKEPPER, etc. 9. Indicatory or business in which work was done; as SILK MILL, SAWYER, BOOKKEPPER, etc. 9. Indicatory or business in which work was done; as SILK MILL, SAWYER, BOOKKEPPER, etc. 9. Indicatory or business in which work was done; as SILK MILL, SAWYER, BOOKKEPPER, etc. 9. Indicatory or business in which work was done; as SILK MILL, SAWYER, BOOKKEPPER, etc. 9. Indicatory or business in which work was done; as SILK MILL, SAWYER, BOOKKEPPER, etc. 9. Indicatory or business in which work was done; as SILK MILL, SAWYER, BOOKKEPPER, etc. 9. Indicatory or business in which work was done; as SILK MILL, SAWYER, BOOKKEPPER, etc. 9. Indicatory or business in which work was done; as SILK MILL, SAWYER, BOOKKEPPER, etc. 9. Indicatory or business in which work was done; as SILK MILL, SAWYER, BOOKKEPPER, etc. 9. Indicatory or business in which work was done; as SILK MILL, SAWYER, BOOKKEPPER, etc. 9. Indicatory or business in which work was done; as SILK MILL, SAWYER, BOOKKEPPER, etc. 9. Indicatory or business in which work was done; as SILK MILL, SAWYER, BOOKKEPPER, etc. 9. Indicatory or business in which work was done; as SILK MILL, SAWYER, BOOKKEPPER, etc. 9. Indicatory or business of importance Oate of ones. Other Courtivory Causes of importance: Other Courtivory Causes of importance What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Oate of ones. Specify whether injury occurr? Specify whether injury occurr? Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manual Causes of importance Oate of ones. Was there an au	0	.1 1026	7	
Stell boots 1 day, hrs. or. min. 1 day, hrs. or. min. 2				; death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town). Classification occupation (State or country) 13. NAME 14. BIRTHPLACE (city or town). Classification occupation (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town). Management of the state of country) 17. INFORMANT. Classification of the state of	Still hath	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Shader work done as SPINNER. SAWYER, BOKKEPER, etc. J. Industry or business in which work was done as SPINNER. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) Spent in this occupation (month and year) (State or country) 22. BIRTHPLACE (city or town). (State or country) 23. Industry or business in which with a spent in this occupation of the Contributory Causes of Importance: 14. BIRTHPLACE (city or town). (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT. (State or country) 18. BIRTHPLACE (city or town). (State or country) 19. What test confirmed diagnosis? Was there an autopay? What test confirmed diagnosis? Was there an autopay? Where did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) Menner of injury. Neture of injury Neture of injury Neture of injury in any way related to occupation of deceased? If so, specify. 19. UNOERTAKER President was due to external causes (VIOLENCE) fill in also the following: Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury. Neture of injury. Neture of injury Neture of injury Neture of injury in any way related to occupation of deceased? If so, specify.	8. Trade profession or particular	ormin.	· · · · · · · · · · · · · · · · · · ·	Oate of onset
12. BIRTHPLACE (city or town) Clearlies (6) (State or country) 13. NAME Profession Date of Country (State or country) 14. BIRTHPLACE (city or town) Clearlies (6) (State or country) 15. MAIOEN NAME Profession Date of Country (State or country) 16. BIRTHPLACE (city or town) Discontinuous (Country) 17. INFORMANT Adaptive Discontinuous (Country) 18. BURIAL, CREMATION, OR REMOVAL Place Marker Presentation Date future (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Country) (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER Presidence Marker (Address) 19. UNDERTAKER Presidenc	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	none	- MAN	-f
12. BIRTHPLACE (city or town) Clearlies (b) (State or country) 13. NAME Profession Date of (State or country) 14. BIRTHPLACE (city or town) Clearlies (b) (State or country) 15. MAIOEN NAME Profession Date of (State or country) 16. BIRTHPLACE (city or town) Islanding for (State or country) 17. INFORMANT Output Date of (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place Marting Mad. Date forms of particles (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Menner of injury Neture of injury 19. UNOERTAKER Place forms of injury Neture of injury in any way related to occupation of deceased? If so, specify Next.	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
13. NAME Requise Washington 14. BIRTHPLACE (city or town) Clearly 15. MAIOEN NAME Residently 16. BIRTHPLACE (city or town) Washington 17. INFORMANT Residently 18. BURIAL, CREMATION, OR, REMOVAL Place Marker Marker Place Marker Marker Marker Place Marker Marke	- tins occupation (month and	11. Total time (years) spent in this occupation		
13. NAME 14. BIRTHPLACE (city or town) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR, REMOVAL Place Place 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 10. ALL 10. ALL 11. INFORMANT 12. ALL 13. NAME Preside 14. BIRTHPLACE (city or town) 15. MAIOEN NAME Preside 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR, REMOVAL Place Place Place Preside 18. BURIAL, CREMATION, OR, REMOVAL Place Preside 19. UNOERTAKER Preside		us le o.	Other Coutributory Causes of Importance:	
What test confirmed diagnosis? Was there an autopsy? 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place P	1 10	ma. 1-		
15. MAIOEN NAME Proce Signature 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or	H IS. NAME MIGHT	ashington .		
15. MAIOEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 17. UNDERTAKER (Address) 18. UNDERTAKER (Address) 18. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Maioen Name 19. UNDERTAKER (Address) 10. Maioen Name 19. UNDERTAKER (Address) 10. Maioen Name 10. Maioen diagnosis: Was there an autopsy? Accident, sulcide, or homicide? Oate of injury Where did injury occurr? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Neture of injury 19. UNDERTAKER (Address) Place 19. UNDERTAKER Place	Y 14. BIRTHPLACE (city or town) (State or country)	es eew;		
Where did trijury occur? (Specify city or town, county and State) 17. INFORMANT		o nen.		
Where did trijury occur? (Specify city or town, county and State) 17. INFORMANT	III. MATOEN NAME	Myson		
17. INFORMANT	O 16. BIRTHPLACE (city or town)	engrow		, 19
18. BURIAL, CREMATION, OR REMOVAL Place Mfurly Md. Date fune, 4, 1936 Neture of injury Neture of injury 19. UNDERTAKER Prestore Washington 24. Was disease or injury In any way related to occupation of deceased? If so, specify If so, specify	17. INFORMANT Rufus Zufas	shington	(Specify city or town, county and State) CE.
Place Murling Md. Date July, 4., 1936 Neture of injury 19. UNDERTAKER Prestore Washington 24. Was disease or injury In any way related to occupation of deceased? (Address) Murling Md. Date July, 4., 1936 Neture of injury In any way related to occupation of deceased? If so, specify		my now,	Menner of injury	
19. UNDERTAKER Prestone Washington 24. Was disease or injury In any way related to occupation of deceased? (Address) Marking Mark 1986	Place Markeny Md. Da	te Jun, 4 , 1936		
The state of the s		Jaslyneglan.	24. Was disease or injury In any way related to occupation of deceased?	
20. FILEO Jose 4, 1936 Milling Sursifications (Signed) Milling Sursifications (Address) Dat arthury Mach	1		(Signed) Mary Synthelium	Regist.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. V.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Evennle I

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Evample II

- 1	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 Tuly 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car Puly 5, 1927 Peritonitis Other contributory causes of importance:

M	infor-	UPA-
	Jo Jo	Ö
	item	of C
S)	ECORD. Every item of infor- PHYSICIANS should state	ement
	G. S.	stat
	2	2
R BINDING	A PERMANENT RECORD. Every item of infor-	erly classified.
m	PE	ly .
8	100	er

TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be prop mation should be carefully supplied. AGE should be state WITH UNFADING INK-THIS IS N. B.-WRITE PLAINLY,

STATE O	F MARYLAND-	-CERTIFICATE OF DEATH 00437			
1. PLACE OF DEATH					
County Churchs		Registration Dist. No. 104			
Village or City Mayne		NoSt.,Wai			
Length of rasidence in city or town where de		If death occurred in a hospital or institution, give its NAME instead of street and number)			
2. FULL NAME Slile	In Fu	1 ml			
(a) Residence: No.	- L. L.	St., Ward.			
(a) nesidence. No.	(Usual place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH / 4 , 193 (Month) (Day) (Year)			
5e. If marriad, widowad, or divorced HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY, That I attended daceased from			
C DATE OF DIBTH (month day and man)	-14 - 36	19			
6. DATE OF BIRTH (month, day, end yaar) / 7. AGE Yaars Months	Deys If LESS than	to have occurred on the date stated ebova, at			
	l day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were es follows:			
8. Trade, profession, or particular kind of work done, as SPINNER,					
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc					
10. Date dacaased last workad at this occupation (month end year)	11. Total tima (years) spent in this occupation				
12. BIRTHPLACE (city or town)	d	Othar Contributory Causes of importance:			
(State or country)					
13. NAME Sulford f	mall				
13. NAME Melfor of T	ny	Name of oparation Dete of			
(State of country)	1 1 1 2 2 1	What test confirmed diagnosis? Wes there an autopsy?			
15. MAIOEN NAME ROLL OF COUNTY OF CO	hondren	23. If death was due to external causes (VIOL ENCE) fill in elso the following:			
O 16. BIRTHPLACE (city or town)	na	Accident, suicide, or homicide?			
17. INFORMANT mulford	fanall	Where did injury occur? (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
(Addrass) 18. BURIAL, CREMATION, OR REMOVAL	my	Mannar of Injury			
Place Mysich	Data 1 - 20 -, 1931				
19. UNDERTAKER Independent (Addrass)	my Famule	24. Was disease or injury in any way ralated to occupation of deceased?			
20. FILED 1 - 20-, 19 B 6	7. L. Angelier	(Signad) S. B. Potty floor M.			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	ATEMENTS BY PHYSICIAN
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M	item of infor-	should state	of OCCUPA-	
(S)	RECORD, Every	. PHYSICIANS	Exact statement	
FOR BINDING	IS A PERMANENT	stated EXACTLY	properly classified.	ertificate.
RGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
1	-WRITE PLAINLY, V	mation should be caref	CAUSE OF DEATH in	TION is very importan

STATE OF MARYLAND-	CERTIFICATE OF DEATH 00438
1. PLACE OF DEATH	
County Elures	Registration Dist. No. / 0 /
	NoSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Many Francis 7	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 7. A. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	V V V V V V V V V V V V V V V V V V V
(or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from 19, 19, 19, 19
6. DATE OF BIRTH (month, day, end year) Jan 14, 1936	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
Still bow. 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were ex follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, RONKKEFERS atc.	Date of one of Date o
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	deutte unsurver
9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	7 months
10. Date deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Pusquist State or country)	Other Cantributary Causes of Importance:
13. NAME 1 tildung Fedrick	
13. NAME 1 Fildury Fedrick 14. BIRTHPLACE (city or town) Auriles 60. Misl.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary molly V. Curtis	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Chauseles Hed, Mull. (Stete or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Hilolary Fredrick (Address) Product med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Purgale, md: Date Jan. 15, 1936	Nature of injury
19. UNDERTAKER / fildary 7. solrigh	24. Was disease or injury in any wey related to occupation of deceesed?
A 1 is a square of the	(Signed) manuary Southand M.D.
20. FILED Hall 5, 1936 Miller Julianian Registrar.	(Address) MA delium, Mist.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 19

Turor-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of importance were	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FUB: 6 1933 1	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory co	auses of importance:		Other contributory causes of importance:	
Gallstones	/	May 1,1923	Gastroenteritis	1 year
	70° S			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BGIN BEZERALL

MS. on Sponia .

. J. J. iVo. I.

N. B.—WRITE PLAI

V. S. No. 1

state

Every item of infor-

Exact statement of OCCUPA-

properly classified.

CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.

PHYSICIANS should

STATE OF MARYLAND—CERTIFICATE OF DEATH

00439

1. PLACE OF DEATH	(95°£)
County Charles	Registration Dist. No. 100
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
	yrsmosus.
(a) Residence: No. (a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female Negro OR DIVORCED (write the word) Married (segarated)	21. DATE OF DEATH January 28 14 (Year) (Month) (Oay), 193.6 (Year)
HUSBAND of Henry Ford	22. I HEREBY CERTIFY, That I attended deceased from
6. OATE OF BIRTH (month, day, end year) arrupy? 1882 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	I last saw h & Y
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Housewife 9 industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. Own have	Hypertenoine heart disease ?
10. Oate decessed last worked at this occupation (month and year) 11. Total time (years) spect in this occupation 36	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Chas. Co. Many Cand	
13. NAME George Green	
13. NAME George Green 14. BIRTHPLACE (city or town) (State or country) Charles Co. Md.	Name of operation Oete of What test confirmed diagnosis? Was there an autopsy? No
15. MAIDEN NAME Cecolia \$	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) ? (State or country) Charles Co, Md-	Accident, suicide, or homicide?
17. INFORMANT Ognes Bosier (Address) Rewburg Md.	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. homos Camellapore Jan 31, 1936	Manner of injury
19. UNDERTAKER (WRoby Befallon Med	24. Was disease of injury in any lost related to occupation of deceased? No
20. FILED Jan 29, 1936 MSHay low De Registrar.	(Signed) James L. Mae Kawarash, M.D. (Address) La Plata Md. U.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. 129 Co

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
III Z LAZINE	2		
Other contributory causes of importance:	3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

N. B.—WRITE PLAIN

STATE OF	MARYL	AND-CER	RTIFICATE	OF	DEATH	00440
----------	-------	---------	-----------	----	-------	-------

1. PLACE OF DEATH	<u> </u>
County Charles	Registration Dist. No. 15 k
Village or City Langth of residence in city or town where seath occurredyrs.	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Still born H	acherson
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Deys If LESS than 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked et this securation (month and	were as follows: Still boun for the line Oate of onset
10. Date deceased last worked et this occupation (month end yeer)	Other Contributory Causes of importance:
13. NAME Supply Harberton 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or equality) 17. INFORMANT (Address)	23. If death wes due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place	Manner of injury
19. UNDERTAKER Pany & Cofee (Address) many Spulse had	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED Jan. 30, 19.3 & F. E. Dunnington Registrar	(Signed) (Address) Alexander Real had M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroen eritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00441
1. PLACE OF DEATH	92:0
County Mary	Registration Dist. No. / 0 ×
Village or City Int Victoria	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Robert Hawki	and the same of th
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Alice Harris	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) with the same 1860	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
about 76 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and yaar) 11. Total time (years) spant in this occupation	Valvalar heart (Brondetic Gasting, are suffering)
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
13. NAME John Hankine	
13. NAME Hanking 14. BIRTHPLACE (city or town) (State or country)	Nama of operation Date of What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME LINE	23. If death was dua to external causes (VIOLENCE) fill In also tha following:
15. MAIDEN NAME LACTOR (City or town) (Stata or country)	Accident, suicide, or homicida?
17. INFORMANT Wesley Hinters (Address) Wagner of	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVED Date 1 20, 1926	Manner of injury
19. UNDERTAKER Grange W. Strade	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. 1-24, 1936 P.K. Hander. Registrar.	(Signed) J. L. Highley, M.D. (Address) Wayshiel

If more blanks are needed, addless State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

V. S. No. 1

N. B.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: CEIVED Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

should state OCCUPA-

Jo

STATE OF MARYLAND—CERTIFICATE OF DEATH 00442	
County Charles . Registration Dist. No. 100	-
Village or City Sc. No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.	
2. FULL NAME of Walter Higgs.	
(a) Residence: No. (Usual place of abode) Ward. (Usual place of abode) If nonresident give city or town and State	-
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 1. DATE OF DEATH OR DIVORCED (write the word) (Month) (Dey) (Year)	-
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days If LESS than to have occurred on the date stand hours at 2 in Hours To have occurred on the date stand hours at 2 in Hou	
The state of the s	
Were as follows: Data of onset	t
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete decessed last worked at LI Total time (years)	7
10. Dete decesed last worked at this occupation (month end spent in this occupation occupation	-
12. BIRTHPLACE (city or town) Other Coutributory Gauses of importence: (Stete or country)	-
13. NAME 13. NAME Chronic ' 14. BIRTHPLACE (city or town) Dete of	-

MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country

(Stete or country)

17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

Whet test confirmed diagnosis?

Accident, suicide, or homicide?_____

Where did injury occur?.

Menner of injury Neture of injury.

If so, specify

(Signed)

23. If deeth wes due to external ceuses (VIOL ENCE) fill in also the following:

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Wes disease or injury in eny way related to occupation of deceased?

(Specify city or town, county and State)

V. S. No. 1

-WRITE

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example 1	i i	Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

state

1. PLACE OF DEATH	(/3/)
county Charles	Registration Dist. No. 100
Village or City Sa Plata	NoSt.,Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
	mosds. How long in U. S. i1 o1 loreign birth?yrsmosds.
2. FULL NAME Cottlerine Turner	
(a) Residence: No. Sa Parta (Vsual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOW OR DIVORCED (write the w	VED, ord) 21. DATE OF DEATH (Month) 29th (Year) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Johannes	22. I HEREBY CERTIFY, That I attended deceased from January 17., 19.36, to January 29, 1936
6. DATE OF BIRTH (month, day, and year) Sept. 10 1850	1 last say h. 22 anve on January 29 1936; death is said
7. AGE Years Months Days If LESS	than to have occurred on the date stated bove, at 1.735 pm.
85 4 19 1 ¹ day,	I THE I KINCII AL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chrosic almondone of the
9. Industry or business in which work was done, as SILK MILL.	Hypertendin heart disease 1930
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spant in this 4 occupation 11. Total time (years)	Congestive heart failure 1-17-36
12. BIRTHPLACE (city or town) Words (State or country) Class Company	Other Contributory Causes ol importance:
E 13. NAME William Turner	
13. NAME William Turner 14. BIRTHPLACE (city or town) Waldorf (State or country) Chas. Ca. Trad.	Name of operation Date o1 What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Elizabeth Bean	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Elizabeth Bean. 16. BIRTHPLACE (city or town) wolders. (State or country) Ches. Ca. 100	Accident, suicide, or homicide?
17. INFORMANT Mrs. ada Sassar.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Wash NO	Manner of injury Nature of injury
19. UNDERTAKER Auntt and Ryon (Address) Waldery mg	24. Was disease or injury in any wey related to occupation of deceased? No
20, FILED Jan 30 1936 William Mase	(Signed) Jares L. Mackawanagh, M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis F. T. C.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	(89.2)
County Clores	Registration Dist, No. 108
Village or City Anglewill	No. St., Wa
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) mos
2. FULL NAME Horald Lar	Locks
	St. Ward.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO OR-DIVORCED (write the	
It merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fr
DATE OF BIRTH (month, day, and year) apr 26 1955	Hast sown at word Jan 30, 19 36; death is s.
AGE Years Months Days If LESS	than to have occurred on the date stated above, at
9 3 1 day,	week as telland.
8. Trede, profession, or perticular kind of work done, as SPINNER,	Date of one
SAWYER, BOOKKEEPER, etc.	Taxia arthrug
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9 Ladustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	
10. Date deceased last worked et // 11. Total time (years)	
this occupation (month and spect in this year)	
BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	VOVR revastored
13. NAME Levers Lasks.	
14. BIRTHPLACE (city or town) Leel	Name of operation above Date of 7/30/5
(State or country)	What test confirmed diegnosis? Was there en autops/? L
16. BIRTHPLACE (city or town) seed	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) — reed	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
(Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL Place on automorphism Oats for 1	Manner of Injury
9. UNDERTAKER WITH TO Elmin	24. Was disease or injury in any way related to occupation of deceased?
10 101 8 01 11 10	(Signed) & Chappelin
0. FILED 1/30/36, 19 Com Mappedes	6 1 00 0000

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Jaly 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully

-WRITE

TION is very important.

County Charles:	Registration Dist. No. / O
Village or City near La Plata	No. St. War
Length of residence in city or town where death occurredyrs/	(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. / Y.ds. How long in U.S. if of foreign birth?
(a) Residence: No. near tal late (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEL OR DIVORCED (write the word	
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That i attended deceased from
6. DATE OF BIRTH (month, day, end year) Feb 28. 1935 7. AGE Years Months Deys If LESS the	I last saw h_a_ alive on _ Jan 14 ,193 ; deeth is sel
10 18 I day,	hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked at this occupation (month and this properties this percuration (month and	whoping Cough. 12/21/
SAW MILL, BANK, etc 10. Dete deceased last worked at this occupation (month and yeer)	
12. BIRTHPLACE (city or town) Indian Head. (State or country) Cross to me	Other Cantributary Causes of importance: The contributary Causes of importance 1/14/3
I 13. NAME John William Builer	Carrilaine 1/1/1/3
13. NAME John William Builer 14. BIRTHPYACE (city or town) Class Co (State or country)	Name of operation Date of
15. MAIDEN NAME Marse Elizabeth Lyles.	Whet test confirmed diagnosis? Was there an autopsy? 23. If deeth wes due to externel ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mary Elizabeth Lyles - 16. BIRTHPLACE (city or town) Phase to (Stete or country)	Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT Mary spraches (Address) La Pluju My	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Sacrud Humb Dete Jan 194, 193	Manner of Injury
19. UNDERTAKER William Butter (Jather) (Address) Les Pluts motors 20. FILED CON 19 1936 & Illein Moder	24. Was disease or injury in any way related to occupation of deceased? if so, specify (Signed)
Registra	trar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(59)
County Charles	Registration Dist. No. 105
Village or Oklas Walders	No. St., Ward
Length of residence in city or town where death occurredyrgmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How form in U.S. If of foreign birth?
2. FULL NAME Heasent Luci	elo Liles
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended daceasad from
6. DATE OF BIRTH (month, day, and year) Loce 10 1936	t last saw h . Lalive of Physics of Gesthis said
7. AGE Years Manths Days If LESS than	to have occurred on the data stated above, at.
Tday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
9 Trade profession or necticular	Bremalure Birch
A. Hade, profession, or particular,	
10. Data deceased last worked at this occupation (month and spent in this occupation	
DIPTURE ACT (situations) 201	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stata or country)	
13. NAME COKET d. Lesces	
13. NAME (Jett d. Legles 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lary E. Shorler 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
To 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Lourt & Lyles (Address) Pace dirl	Spacify whathar Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Placa Jun / Prolegate / - 13, 1956	Nature of injury
19. UNDERTAKER Thumber Ryon (Addiass) Walder	24. Was disease or injury In any way related to occupation of deceased? If so, specify
20. FILED 1-15, 1936 m-l monroe Registrar.	(Signad) / h. Monro d. M. D. (Addrass) Walded
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1		Example II	
The principal cause of death and related fauses of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by strect car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 day's ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-	CERTIFICATE	OF	DEATH	0044
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1. PLACE OF	F DEATH		(95.8)		
County	C	Ranles		Registration Dist. No.	100
Village or C			No. If death occurred in a hospital or instit sds. How long in U. S. if	tution, give its NAME instead of street	· ·
2. FULL NAI		ia M. Miles			
(a) Residen		Sa Plata, Md. (Usual place of abode)	St., Ward.	If nonresident give city or to	vn and State
PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL C	CERTIFICATE OF DEA	
3. SEX Fernala	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	warry 6 (Month) (pay)	, 193 (2
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced ()			Y CERTIFY, That I att	tended deceased from
% 8 Trade profes		Days If LESS than 1 day,hrs.	I last saw h	ted above, at 11.15 Am. ATH and related causes of Importance	9.3.6.; death is said
SAWYER, 9: Industry or I work was SAW MIL	business in which is done, as SPINNER, business in which is done, as SILK MILL, L. BANK, etc	Servant Private Lamby 11. Total line (years) above spent in this occupation 45 y ext Tobacco, Ad.	Congrative	ire heart diseas: heart failure y thranbosis portance:	?
13. NAME	Frede	nick Miles			
14. BIRTHPLACE (State or		. County Md.		Nove Dat	
15. MAIDEN NAI 16. BIRTHPLACE (State or 17. INFDRMANT	(city or town)P	Vallace Tolaces, Ind.	Accident, suicide, or homicide? Where did injury occur?	Date of injury (Specify city or town, county a in INOUSTRY, in HDME, or In PUBL	, 19
(Address) 18. BURIAL, CREMAT Place	Contract of the Contract of th	Lavier 8,1936	Manner of Injury		
19. UNDERTAKER (Address) 20. FILEO	Lunt and R Waldry	llian V. Posey	If so, specify (Signed)	way related to occupation of decease L. Mac Kavanae Ra Plata Md (6d? No

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB. 5 1998	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			I

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. CAUSE OF DEATH in plain terms, so that it may be properly classified. -WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		157-0	24	
County 6 harle	4:		Registration	on Dist. No.
Village or City Pents	rele		NoNo	St., Ward
Length of residence in city or town whe	re death occurred		ds. How long in U.S. If of foreign birth?	
2. FULL NAME FARAL	- 6	4		
	es a	a lace	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place	of abode)	St., Ward.	ent give city or town and State
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICA	TE OF DEATH
3. SEX 4. COLOR OR RACE Therevale White	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Jane	7
5a. If married, widowed, or divorced HUSBAND of				
(or) WIFE of			Jan 5 1986 to	FY, That I attended deceased from
	Face 35	1001	0	Jan 187, 19.56.
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months	face 3° Days	If LESS than	I last saw h alive on	S D
7. AGE TOUTS MOREITS	Days	1 day,hrs.	to have occurred on the date stated above, et The PRINCIPAL CAUSE OF DEATH and related or	
1 0 7 1 1 2 2 2 2 2 2 2	1 /8	ormin.	were as follows:	Date of onset
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc	n. ou		11	7
9. Industry or business in which			19cero orgina	
work was done, es SILK MILL, SAW MILL, BANK, etc	******		Sherry	A
10. Date deceesed last worked at this occupation (month and	11. Totel t	ime (years)	The state of the s	Wille
year)	occ	upation	Other Contribution Contribution of Important	
12. BIRTHPLACE (city or town)	2 0	7 1	Other Cantributory Causes of importance:	
(State or country) 640	160 GO	Ma.		
13. NAME William	W- PE	un.		
14. BIRTHPLACE (city or town)			Name of operation	Date of
(State or country)	artes Co	- ma	What test confirmed diagnosis?	
15. MAIDEN NAME Ques	Prins.	ST Clour	23. If death was due to external ceuses (VIOL ENCE	
15. MAIDEN NAME agnes 16. BIRTHPLACE (city or town)			Accident, suicide, or homicide?	
O 16. BIRTHPLACE (city or town)	orles Co	- md.	Where did injury occur?	on out of mjuly-accessing to
4 000 100	P		(Specify city Specify whether Injury occurred In INDUSTRY, in	or town, county and State)
17. INFORMANT A CALL	et here	12.8-2		HOME, OF HIPOBETO PEACE.
18. BURIAL, CREMATION, OR REMOVAL	1		Manner of Injury	
Place Insuity Church	R. Date for	- 23,1936	Neture of injury	
19. UNDERTAKER Q E	valed	2.	24. Was disease or injury in any way related to occ	cupation of deceased?
(Address) -6 K	aphico	•	If so, specify	
20. FILED Stean 22, 19 36 2	au Iso	e Rosa	(Signed) Mayseus (Older, M.D.
		Registrar.	(Address) (Maplic	, mx

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy		
Arterioscierosis	1910	Run over by street car	1 week ago	
Chronic interstitial nephritis	1921	Kun over by street car	1 week ago	
Cerebral hemorrhage 1930	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00449
1. PLACE OF DEATH	<u> </u>
County to My Ce	Registration Dist. No. 195
Village or City Lanua Jane	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME - Still Born.	Picker & an O
(a) Residence: No.	C4 Ward
(a) Residence, No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 9 (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Tell 29 1936	, 19, to, 19, 19 I last saw h elive on, 19
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade profession or policular	Oate of oneet
S. Hade, professing, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end	
To. Date deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) - Ulusha Col. (State or country)	Other Contributory Causes of importance:
II 13. NAME In la Sullmin	
14. BIRTHPLACE (city or town) Le Lotte (Chate or country)	Name of operation Dete of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sillin First Uncl	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME JULY GUILLAND FOR THE STATE OF THE STATE	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Archie Pickerse (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, QR REMOVAL	Manner of injury
Place Purey Date 1-29, 1936	Nature of Injury
19. UNDERTAKER Hunty Orcyone (Addiess)	24. Was disease or Injury in any wey related to occupation of deceased?
20. FILED 1-29, 1936 200 Se More Registration	(Signed) M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I had to had		Example II	
The principal cause of death and related causes of importance were as follows 6	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis LB	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BUREAU V.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA.

DATE	ANENI	ACTL	ssified.
ANGLIA RESERVED FOR DINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTL	CAUSE OF DEATH in plain terms, so that it may be properly classified.
2 1	IS IS	e stat	e prop
7 A 4 7	K-TH	hould b	may h
TOTAL TOTAL	NG IN	AGE S	that it
NIPUL	NFADI	pplied.	erms, so
	лтн с	ully su	plain t
	ILY, W	e caref	ATH in
	PLAIN	q plno	F DE
	WRITE	ation sh	AUSE (
	1	E	C

N. B.

TION is very important. See instructions on back of certificate.

STATE OF MARYLANI	D-CERTIFICATE OF DEATH 00450
1. PLACE OF DEATH	(1-0)
County - Rankel	Registration Dist. No. 103
Village or City 77 Call A As P	NoSt.,Ward
Length of residence in city or town where deeth occurredyrs,	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsds.
	W. 1
2. FULL NAME Illowing are	Claus Vete an, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the wo	ED, ord) 21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY Thet I attended deceased from
	12 12 19 36, 10 Jan 10, 1936
6. DATE OF BIRTH (month, dey, end year) // ay 31 - 19	19.36, deeth is seid
7. AGE Yeers 7 Months Opeys If LESS 1 dey,	
14 orm	in. Were as follows:
8. Trede, profession, or particuler kind of work done, es SPINNER, SAWYER, BDOKKEPER, etc.	Troncho Theunona
9. Industry or business in which	Gramary Cause: Griffiel. Cavis R.
work was done, as SILK MILL, SAW MILL, BANK, etc	10 - Find Record
O this occupetion (month end spent in this	100 G(10164)
yeer) occupetion	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stete or country)	
E	
14. BIRTHPLACE (city or town)	Neme of operation
15. MAIDEN NAME / Ittio Parcell	Whet test confirmed diagnosis? Wes there an autopsy? 23, If deeth was due to externel causes (VIOL ENCE) fill in elso the following:
E	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Charles Fickers (Address)	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Oakland Date /16 ,1	93.6 Neture of injury
19. UNDERTAKER / Scutt y Ryon	24. Was disease or injury in any wey releted to occupetion of deceased?
(Address) Walder we	(Signed) G. D. Mozer & M. E.
20. FILED / - / 6 , 193 6 M. J. Monroe Regist	72
	egistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1	li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitid nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhade	July 5,1927	Peritonitis	3 days ago	
BURFAU V. S!				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

of OCCUPA.

Exact statement

County Charles	Registration Dist. No. 101
Village or City Tiel Top.	No. St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME Nettre Proch	or.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word	
HUSBAND of Pichard Procles	22. I HEREBY CERTIFY That I ettended deceased from
01. +1807	1956, to Jon 1950
AGE Years Months Days If LESS tha	I last saw here alive on 1996; death is si
AGE Years Months Days If LESS that I day,	
77 (/) ormin.	were as follows: Date of one
8. Trade, profession, of particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc.	Equite appropria
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
Olival O med	Other Contributory Causes of importance:
(State or country)	
13. NAME 2 - Washing.	
01 1 0 00.1	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME Kate Deven	What test confirmed diagnosis?
00.000	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Quantum Constitution (State, or country)	Accident, suicide, or homicide? Date of injury, 19
(State) County)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
INFORMANT C. Sull John, M. (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Fill 12 md Date Jone 12, 19	Manner of injury
UNDERTAKER Stanly Penny (Address) 70 to dole must	24. Was disease or injury in any way related to occupation of deceesed?
FILED Jan 9 - , 19 36 Grany Swelter was	(Signed) Geo. Co. Bicknell, M. (Address) Markey M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example J	4	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-Every item of infor-WITH UNFADING INK-THIS IS A PERMANENT REC. FOR BINDING RGIN RESERVED mation should be carefully supplied. AGE should be -WRITE PLAIN

V. S. No. 1

County	has	7	Registration Dist. No. 10 8
Village or City	mal	colm	No. St., (If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidance in city	or town where d		nosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME	de	lauf Thos	upson Savoy
(a) Residence: No			St., Ward.
		(Usual place of abode)	If nonresident give city or town and State
		CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX J2 4. COLOR	of rack	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (/30/36, 193 (Ye) (Ye)
a. If marriad, widowad, or divorce HUSBAND of	ed		
(or) WIFE of			22. I HEREBY CERTIFY, That I attended decease
5. DATE OF BIRTH (month, day, a	and vear)	1/30/36	Hest saw here alivered deld 19 death
. AGE Years	Months	Days If LESS than	to have occurred on the date stated above, at 6 70 m.
Stico	Corre	1 day,hr	the FRINCIPAL CAUSE OF DEATH and letated causes of importance
8. Trada, profession, or part	icular		Oremateire briet Date of
8. Trada, profession, or part kind of work done, as SAWYER, BOOKKEEPE	R, etc.	mone	as given by madwife
9. Industry or business in work was done, as SIL SAW MILL, BANK, etc	/hich .K MILL,	CC	
10. Data deceased last worke	d at	11. Total time (years) spent in this	
this occupation (month	and	spent in this occupation	
12. BIRTHPLACE (city or town)	mal	colin	Other Contributory Canses of importance:
(State or country)		1 ma	parental
13. NAME /	my of	homberon	
14. BIRTHPLACE (city or town	o cl	as Co	Name of operation Data of
(State of country)		md	What test confirmed diagnosis? Was there an autopsy?.
15. MAIDEN NAME	Elezale	eth y. Davry	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town	1)	has Co	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	,	c The	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT 200	mey	alejo	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REM	ADVAL	quences, ma	Manus of Internal
Place Malcol	m	Date 1/31/36,19	Manner of injury
19. UNDERTAKER / Læ	yes T	reocles	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1 31 26 19	5.	Of 11.0	(Signed) Ein Chappeliar (Sach

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To be complete, an occupation return must state:

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
ROX				
Other contributory causes of importan	ce:	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	•			

RGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

A.	STATE OF MARTLAND	CERTIFICATE OF DEATH	
State	1. PLACE OF DEATH	(57)	
occ	County pos. co	Registration Dist. No. / O O	
ě	Village or City & aplata	No.	Ward
9	(If	death occurred in a hospital or institution, give its NAME instead of street and number)	
N E	Length of residence in city of them where death occurred	ds. How long in U.S. if of foreign birth?yrsmos	ds.
SIA eme	2. FULL NAME Sarah Stive	If U. S. Veteran, specify WAR	
YSICIANS	(a) Residence: No. La Alata, Just	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and State	
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
. E	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH	/
-	tense colored gridow	(Month) (Day) (Ye	2 ar)
CTI	5a. If married, widowed, or divorced	22. I HEREBY CERTIFY. That I attended deceases	4 6-1-
X A C	(or) WIFE of Edward	22. I HEREBY CERTIFY, That I attended deceased	36
	C DATE OF DIPTH (month day and month free 23 - 1874)	I last saw h. & - alive on Och . 1936 : death	is said
rly rate	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months ays If LESS than	to have occurred on the date stated above, at //ioua-m.	15 5010
stated E properly certificate.	1 5 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence	
sta pro	8. Trade, profession, or particular	were as follows:	onset
be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ola Paterica Verain 7	
ck d		Church to the state of the stat	
should it may n back	9. Indestry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Chronic orthritis 14	ea
0	10. Date deceased last worked at this occupation (month and spent in this		
AGE that ions o	year) occupation	Other Contributory Causes of Importance:	
oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town)	Curio, Caracter, Caracter, Importance.	
s, s	(State or country)		
pli	13. NAME Levye fordon		
illy supplied plain terms, . See instru	14. BIRTHPLACE (city or town)	Name of operation	
ly lai	(State or country)	What test confirmed diagnosis? Was there an autopsy?.	
in pant.	15. MAIOEN NAME Lenkuran	23. If death wes due to external causes (VIOL ENCE) fill In also the following:	
	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury 19	
ld be car DEATH y import	State or country)	Where did injury occur?	
d b DE	17. INFORMANT Clayse Showelly	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
should OF D	(Address) fa Ptally not sangly Typita		
(*)	18. BURIAL, CREMATION, OR REMOVAL THE	Manner of injury	
N	Place / Coate , 1900	Nature o1 Injury	
mation SCAUSE	19. UNGERTAKER Hunt & Ryon	24. Wes disease or injury in any way related to occupation of deceased?	
-	(Address) Waldry m.	If so, specify	
T	20 FILED SOMIT 1936 Lillian Posey	(Signed) James Company	M. 0
200	Registrer	(Address) La Plan Wel	tz
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB	July 5, 1927	Peritonitis	3 days ago
BUSEAU V.			7
Other contributory causes of importance:		Other contributory causes of importance:	A.
Gallstones	May 1,1923	Gastroenteritis	1 year

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
ALIDEAU V. S.				
	100			
Other contributory causes of importance:	1-37	Other contributory causes of importance:	445	
Gallstones	May 1,1923	Gastroenteritis	1 year	
	11.			

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

or. mation shor CAUSE OF TION is ve -WRITE P

ARGIN RESERVED FOR BINDING

infe	sta	UP	
LAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOLD. Every item of infu	ald be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta	DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP.	1
iter	sh	Jo	1
ery	NS	ent	
. Ev	CIV	tem	1
ę	IYS	sta	
BC	PH	Kact	
T R	Υ.	臣	
EN	TL	ed.	
IAN	AC	ssif	
ERM	×	cla	نه
I PI	d J	erly	icat
IS	state	prop	ertif
SII	pe :	pe 1	of c
TI-	plu	ay	sck
ZK	sho	it m	n ba
13	GE	hat	us o
N	V	so t	ctio
FAI	ied.	ms,	stru
Z	lddn	teri	e in
LH	ly s	lain	S
WI	eful	in p	ınt.
CY,	car	TH	ry important. See instructions on back of certificate.
E	be	EA	im
LA	plu	D	ry

1. PLACE OF BEATH	107-a
County Charles	Registration Dist. No. 103
Village or City / Leve port	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
60. 4 00	
~ ~ /	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
B. If married, widowed, or divorced	(munth) (Day) (Feat)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Oct - 4 1935	, 19, to, 19
. DATE OF BIRTH (month, day, and year)	I last saw h; death is said
AGE Years Months Days If LESS than	to have occurred on the date stated abova, at
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Broneho Freumonia; de-
9. Industry or business in which	rotion: 24 hours. Cus R.
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation occupation	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town) Newport, ML -	Other contract, cause of importance.
(Stata or country)	
13. NAME William J. I Kompson	
14. BIRTHPLACE (city or town) Wicomieg. Med	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Many N. Whalen	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Temport	Accident, suiclde, or homicide? Data of injury, 19
(State or country)	Where did injury occur?
7. INFORMANT William J. Thompson. (Address) newpond med.	(Specify city nr town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Desertions. Condy Date Jan 26 , 1936	Nature of injury
9. UNDERTAKER Mallique J. Thompson	24. Was disease or injury in any way related to occupation of deceased?
(Address) Temports . Mich -	If so, specify A D dy.
OFILED Orn 26 136 J. F. Sippell	(Signed) . Chaptett, M. D.
Registrar.	(Modress) New port med

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

N. B.

1. PLACE OF DEATH	<u></u>	(3)
County Chull		Registration Dist. No. 101
Village or City I res man	des	NoSt.,Ward
	(i	f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city of town where death	. 0	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Still	for W	arren
(a) Residence: No.		St., Ward.
PERSONAL AND STATISTICA	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
		21. DATE OF DEATH
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Day) 1936 (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of		The territory decided the second decided the
0_	7.6 1621	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	I lest saw h; death is sell to have occurred on the date stated above, atm.
1. Add	1 dey,hrs.	
vora dea	ormin.	were as follows:
8. Trede, profession, or particular kind of work dona, as SPINNER,		: Cause of cheuth unknown
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc		Tall let
DA CAW MILL DAMK ata		Two physicans in
10. Date deceased last worked et this occupation (month and yaar)	11. Total time (yeers) spent in this occupation	attusbuse
C.P.	0. 8.021	Othar Contributory Causes of importence:
12. BIRTHPLACE (city or town)	les Comed.	
	Janren	
I muite a		
4. BIRTHPLACE (city or town) Classical (Stata or country)	les loo his.	
	0 1	What test confirmed diagnosis? Was there an autopsy?
I Committee	Juckson	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) - Charles Lea- had a		Accident, suicide, or homicide? Date of injury, 19
- (State of country)		Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Charles ly	arrene	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Francisco 18. BURIAL, CREMATION, DR REMOVAL	med	
Place Auresides . Mid. 1	Data Jane . 27, 193 6	Menner of Injury
A A	1	Nature of Injury
19. UNDERTAKER Charles Lu	arren	24. Was disaase or injury In any way related to occupation of deceased?
(Address) Samuel	is. med	If so, specify

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Registrar.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FFR 1999	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
is assessed V. S.	ŧ		
and the second s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

00456

1	L PLACE OF DEATH	
	County Charles	Registration Dist. No. 108
	Village or City Charlatle Wall	No. St. Ward
	g (If	death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
:	2. FULL NAME James C. (Plaler) Wood!	and ?
	(a) Residence: No. Charlotte Hall mo	St.,Ward.
2000	(Usual place of abode)	ff nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH Jan 17
)	hall colourd orfant.	(Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended daceased from
_	(or) WIFE of	Jan 1 1936 to Jan 17 1936
6.	DATE OF BIRTH (month, day, and year) May 7- 1935	liast saw hum alive on 12 th an 1936; death is said
	AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 11 d m.
	8 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
	8. Trade, profession, or particular	were as follows:
õ	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	
OCCUPATION	9 Industry or business in which	Congential Symples Buth
CC	work was done, as SILK MILL, SAW MILL, BANK, atc	
0	10. Date decaased last worked at this occupetion (month and spant in this	
-	year) occupation	Other Coutributory Causes of importance:
12	BIRTHPLACE (city or town) May land	
_	(Stata or country)	and the second s
FATHER	13. NAME Edward Woodland	Clor
AT	14. BIRTHPLACE (city or town) Maryland)	Name of operation Date of
-	(Stata or country)	What test confirmed diagnosis? Was there an au'opsy?
HER	15. MAIDEN NAME agnes Vlater	23. if death was due to external causes (VIOL ENCE) fill in also the following:
MOTH	16. BIRTHPLACE (city or town) May Carel	Accident, suicide, or homicide? Date of injury
Σ	(State or country)	Where did injury occur?
17	INFORMANT Edward Plater,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
1	(Address) Charlaite me	
18	BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Placa Organtown Md, Date Jaw 18, 1936	Nature of injury
10	UNDERTAKER Eslevard Platits	24. Was disease or injury in any way related to occupation of deceased?
13	(Address) Charlett me	If so, specify
200	FILE //16/36036 Englobalkelian	(Signed) Claysus C. Oleh M.D.
20	Registrar.	(Address) Chaplies ma

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Cerebral hemorrhage	EREAU V. S.	Jul 5,1927	Peritonitis	3 days ago
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

A PROPERTY OF